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PTO/SB/01 (10-00)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. MIT-214 Attorney Docket Number **DECLARATION** AND S. M. Bowman First Named Inventor **POWER OF ATTORNEY** COMPLETE IF KNOWN FOR UTILITY OR DESIGN PATENT APPLICATION 10/056,534 Application Number (37 CFR 1.63) Declaration Submitted with

Declaration Submitted after January 24, 2002 Filing Date Initial Filing (Surcharge OR Initial Filing (37 CFR 1.16(e)) required) **Group Art Unit Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: GRAFT FIXATION DEVICE COMBINATION (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) January 24, 2002 as United States Application Number or PCT International Application Number 10/056,534 and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the daims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy** Priority **Foreign Filing Date** Prior Foreign Attached? **Not Claimed** (MM/DD/YYYY) Country **Application** NO Number(s) Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLAR	ATION - Utility or Design Patent Appl	ication						
I hereby claim the benefit under 35 U.S.C Application Number(s)	C. 119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Additional provisional application (s) listed below. Additional provisional application (s) listed below. Additional provisional application (s) listed below.							
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
09/535,183 09/360,367	03/27/2000 07/23/1999	Pending Patented Patented						
I hereby appoint:		Place Customer						
☑ Practitioners at Customer Number	Number Bar Code Label Here							
AND Practitioner(s) named below: Name	Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to E. Richard Skula	at telephone number (732) 524-27 16.							
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City:	State:	ZIP						
Country	Telephone:	Fax:						

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Steven M.				Family Name or Surname BOWMAN				
Inventor's Signature M. Bowmen				·		Date 2 19	0).	
Residence: City Sherborn		State M	IA		Countr	y USA	CitizenshipUSA	
Mailing Address 26 Woodland Street								
City Sherborn	ļ	State N	IA		ZIP 01	770	Country USA	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Date								
Signature City		State			Count	ry	Citizenship	
Residence: City Odd								
Mailing Address		State			ZIP		Country	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF THIRD INVENTOR:			<u> </u>	oetition has	been f	iled for this unsig	ned inventor	
Given Name (first and middle [if any]) Family Name or Surname								
Inventor's Signature					Date			
Residence: City	State			Country		Citizenship		
Mailing Address								
City		State			ZIP		Country	